

Protecting yourself and others from coronavirus

# Regional Entry Form

Help us stop the spread of COVID-19 (novel coronavirus)

Travel restrictions now apply if you are travelling to communities located within the Torres Strait Island Regional Council, the Torres Shire Council, and the Northern Peninsula Area Regional Council areas. If you are traveling for non-essential purposes, you will be required to undertake a mandatory isolation period for 14 days away from community.

## Details of travel

▶ Entry point into the Region (e.g. Bamaga Airport)

▶ Date of arrival

Day

Month

Year

       

▶ Name of Community/Island you are travelling to

▶ Arriving by (please select)

 Flight

 Vessel

▶ Trip details (please select)

 My trip is one way

 My trip is a return trip

## Contact details

▶ Full Name

▶ Date of birth

Day

Month

Year

       

▶ Email

▶ Mobile number

▶ Address of residence or accommodation (where you will be located for the 14 days immediately after your arrival to community)

**Additional Information** if travelling as a family - please use space provided on second page to list additional names.

**Important Information:** this section of the form is only required to be completed by those people who have Essential Traveller status.

## Essential Traveller Status

▶ Please tick a box if you meet the criteria of 'Essential Traveller'

National and State Security and Governance

Health services

Transport, freight and logistics

Specialist skills

An emergency service worker

Other (please specify)

▶ Company/organisation name

▶ Email

▶ Mobile number

## Declaration

I declare that the content of this document is true and correct to the best of my knowledge and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.

▶ Signature

Day

Month

Year

       

For more information visit:  
[www.nparc.qld.gov.au/](http://www.nparc.qld.gov.au/)

## Coronavirus (COVID-19) Self Assessment

▶ Within the last 14 days, have you or those travelling with you, had any of the following symptoms (*please tick yes or no*)

Fever:

 Yes No

Cough:

 Yes No

Shortness of breath:

 Yes No

Sore throat:

 Yes No

▶ Have you had any interaction with a person known to have contracted Coronavirus (COVID-19) in the last 14 days?

 Yes No

▶ Have you undertaken or returned from any overseas travel in the last 14 days?

 Yes No

Please list all Countries, States and Territories you have visited in the past 30 days:

## Additional information if travelling as a family

If you are travelling as a family please provide the names and contact details of each additional family member below:

### Family member details 1

▶ Name

▶ Date of birth

Day

Month

Year

▶ Mobile number (*for any persons over 18*)

### Family member details 2

▶ Name

▶ Date of birth

Day

Month

Year

▶ Mobile number (*for any persons over 18*)

### Family member details 3

▶ Name

▶ Date of birth

Day

Month

Year

▶ Mobile number (*for any persons over 18*)

### Family member details 4

▶ Name

▶ Date of birth

Day

Month

Year

▶ Mobile number (*for any persons over 18*)

### Family member details 5

▶ Name

▶ Date of birth

Day

Month

Year

▶ Mobile number (*for any persons over 18*)